Probation Representatives: Rosie McCool, Liz Rodriguez (CPOC), Chris Childers (Madera County Probation), Anna Ruiz (Orange County Probation), Margot Quick, Juanita Holguin (Ventura County Probation), Luis Dominguez, Felicia Davis, and Lisa Campbell Motten (Los Angeles County Probation), Wayne Barley (Butte County).

Child Welfare County Representatives: Sylvia Deporto (San Francisco County)

Advocates: Martha Mathews (Public Council), Gail Johnson Vaughan (Families Now), Doug Johnson, Carroll Schroder & Doug Johnson (California Alliance), Virginia Corrigan (Youth Law Center).

Probation Providers: (FFA and Group Homes)

Elizabeth Siggins (California Alliance of Child and Family Services), Roberto Favela (EMQ-Families First FFA (Uplift Family Services), Chris Burns (Boys Republic Group Home), Shelby Howard (Seneca FFA (CCFF), Lawrene Howell (Sierra Sage (ROP), Connie Clendenan (Valley Teen Ranch GH and FFA), Jerry Johnson (CA Coalition for the Foster Families), Dan Gallagher and Dawn Henson (Catholic Charities), Andrea Evans.

Education Representatives:

Mental Health Representatives:

Other Partners: Stuart Oppenheim (Child and Family Policy Institute of CA), Jane Tabor-Bane, Cathy Roland, and Delia Sharpe (UCD Resource Center for Family Focused)

CDSS: John Sanfilippo (FCARB Branch), Wendy Cook, Alma Lopez, Marjana Jackson, Sara Rogers Janine LeSieur, Sha Rena Chatman, Carol Lancaster (Child Protection and Family Support Branch), Roy Romana (New Systems), Sarah Wakley (Children's Sorvices Operations and Evaluation Branch)

Support Branch), Roy Romero (New Systems), Sarah Waklee (Children's Services Operations and Evaluation Branch).

Time	Agenda Items and Discussion (Major Points)	Action item	Responsible Person	Timeframe
9:30 am	Welcome and Introductions Positions against a company aga	None	None	N/A
9: 45 am	 Review agenda CCR Updates The 2nd version of the FFA's ILS is out, reflecting RFA implementation. To date, 114 FFA's have submitted their updated Program Statements, but many are lacking details in the RFA section. CDSS is reaching out to those providers providing feedback and offering T/A. FFA's will have 30 days to submit revisions. FFA's need to establish their own Origination Agency Identifier (ORI) for what. All sub-offices need their own ORI's and an assigned Custodian of Record. It was reported that 150 FFA's have submitted for ORI. Rates—Phase 1 implemented. FFA's will receive LOC 1. Rest of home-based level of care rate structure will not happen until after November due to issues with the payment systems. DHCS has clarified that children with mild-to-moderate diagnoses are eligible for specialty mental health services. DHCS is doing MediCal 101 			
	9:30 am	9:30 am 1. Welcome and Introductions Review agenda 9: 45 am CCR Updates The 2 nd version of the FFA's ILS is out, reflecting RFA implementation. To date, 114 FFA's have submitted their updated Program Statements, but many are lacking details in the RFA section. CDSS is reaching out to those providers providing feedback and offering T/A. FFA's will have 30 days to submit revisions. FFA's need to establish their own Origination Agency Identifier (ORI) for what. All sub-offices need their own ORI's and an assigned Custodian of Record. It was reported that 150 FFA's have submitted for ORI. Rates—Phase 1 implemented. FFA's will receive LOC 1. Rest of home-based level of care rate structure will not happen until after November due to issues with the payment systems. DHCS has clarified that children with mild-to-moderate diagnoses are	9:30 am 1. Welcome and Introductions Review agenda 9: 45 am CCR Updates The 2 nd version of the FFA's ILS is out, reflecting RFA implementation. To date, 114 FFA's have submitted their updated Program Statements, but many are lacking details in the RFA section. CDSS is reaching out to those providers providing feedback and offering T/A. FFA's will have 30 days to submit revisions. FFA's need to establish their own Origination Agency Identifier (ORI) for what. All sub-offices need their own ORI's and an assigned Custodian of Record. It was reported that 150 FFA's have submitted for ORI. Rates—Phase 1 implemented. FFA's will receive LOC 1. Rest of home-based level of care rate structure will not happen until after November due to issues with the payment systems. DHCS has clarified that children with mild-to-moderate diagnoses are eligible for specialty mental health services. DHCS is doing MediCal 101	9:30 am 1. Welcome and Introductions Review agenda 9: 45 am CCR Updates The 2 nd version of the FFA's ILS is out, reflecting RFA implementation. To date, 114 FFA's have submitted their updated Program Statements, but many are lacking details in the RFA section. CDSS is reaching out to those providers providing feedback and offering T/A. FFA's will have 30 days to submit revisions. FFA's need to establish their own Origination Agency Identifier (ORI) for what. All sub-offices need their own ORI's and an assigned Custodian of Record. It was reported that 150 FFA's have submitted for ORI. Rates—Phase 1 implemented. FFA's will receive LOC 1. Rest of home-based level of care rate structure will not happen until after November due to issues with the payment systems. DHCS has clarified that children with mild-to-moderate diagnoses are eligible for specialty mental health services. DHCS is doing MediCal 101

	1		Proceeding Printers	ı	,
		>	to expand services. The group home extension requests that were submitted to CDSS, have been approved.		
		>	 Questions, Answers, and Comments: Questionsection in STRTP ILS to describe transition plan; do these include developing and making transitions, not administering an aftercare plan? Answer: Asking provider to take more responsibility in planning for transition but not expecting that the provider will be delivering the aftercare services. Want the providers to work with the counties about how they will be handling transition/aftercare services and coordinating with community providers. Needs and services plan can include the transition plan. Question/Statement: If STRTP rate ends when child/youth leaves the facility there needs to be some funding for services to the child/youth. Answer: County and Provider need to discuss this to determine how to continue to serve the child/youth. Provider can continue to provide specialty mental health services through contract with county Mental Health, through WRAP contract, through services only contract. Transition/Aftercare is a complex and complicated question that needs a full, facilitated discussion, including identification of barriers and funding. More of a problem for Probation than Child Welfare due to the way that Probation is funded (though a problem for both). CDSS is meeting with CSAC to talk about the need to translate residential placement savings to serve children in family care (including reunification). The next round of RITE meetings will hopefully engage providers in the discussions. 		
		>	For information about CCR meetings, workgroups, and unit updates, please subscribe to the CCR newsletter @ ccr@dss.ca.gov		
Ed Miller Lisa Campbell-Motten Felicia Davis Anna Ruiz Dan Gallagher Dawn Henson	10:30 am	2.	Working with Providers What is working well Feedback from Counties Meeting the needs of specialized placement/population Dual Diagnosis Drug/Alcohol CSEC		

	Meeting windles	
Roberto Favela	o Gang Affiliated	
Connie Clendenan	➤ What is working well	
	 Orange County Probation: Anna Ruiz 	
	 Handed out flyers of their Wraparound program and a list of 	
	provider network and a description of their program. Wrap services	
	are used to work with families for Prevention for wards as well as	
	kids on informal probation, on a voluntary basis. They begin	
	looking at it during early phases as removal prevention. Non-wards	
	are offered up to 6 month of services; wards are offered 12 months	
	or more of services. Currently, six providers offer wrap services.	
	 <u>LA County Probation:</u> Lisa Campbell-Motten and Felicia Davis 	
	CCR has helped lead a lot of collaboration between providers, MH,	
	and Child Welfare. They reported that a provider forum was held	
	to share information and answer questions. They explained that	
	the CFT training with UC Davis has been going great and really has	
	helped everyone to understand the youth's voice and choices they	
	have during the process. LA is currently participating in the TOP	
	pilot; they are looking to how their current assessment process can	
	be included. LA Probation, CWS, MH have been meeting to talk	
	about qualifying for specialty mental health service, they will begin	
	tracking the percentage of Probation that qualify and will be able	
	to report on this in the future.	
	Shasta County Probation—Ed Miller: CCD has belong distant for a position at high effect and sides at high entire and sides at high effect and sides at high entire and sides at high effect and sides at high effect and sides at high entire and sides at high effect and sides at high entire at high effect and sides at	
	CCR has helped identify providers that offer services they need. Callab arction has really around up with CCR, resulting a sering a	
	Collaboration has really amped up with CCR—multiple meetings	
	per week. CWS is helping Probation with their development of	
	policies and procedures. They are working with providers to keep youth closer to home and have avoided out-of-state placement for	
	a youth by working directly with a local providers.	
	Meeting the needs of specialized placement/population	
	St. Vincent's: Dan Gallagher and Dawn Henson gave an overview of the program. It provides residential and community based services in San	
	program. It provides residential and community based services in San	
	Francisco and San Rafael, offering therapeutic and rehabilitation	
	services. The program is designed to serve youth experiencing serious	
	emotional, family, social, and educational problems. The program is	
	designed to serve youth short term, typically no longer than 6 months.	
	Their goal is to engage families early on, focusing on reunification. To	
	help accomplish this, family team meetings with Probation, the school,	
	and others are held every 30 days.	

		Uplift Family Services: Roberto Favela spoke about how the programs approach is to be flexible and adaptable, getting the youth involved as much as possible. Some of the challenges have been with co-occurring disorders and CSEC. The program focuses on normalizing and adapting youth behaviors and characteristics. They see placement changes not as failures, but adaptation. If they know what the plans and goals are for the youth, they are more successful. With CSEC population, they prefer not to put in congregate care, but choosing professional parent homes as first option instead. It was also brought out that the child and family team meetings have been taking place for a long time in the program. They start with the child and family team to set the goals and then try to identify how to move quickly towards that goal. Bringing entire family into the early into the equation is their approach. Valley Teen Ranch: Connie Clendenan provided a background of the program, says it is rural program; 80 acre ranch located in Madera. It has been in existence for over 30 years serving delinquent males with substance abuse issue and gang affiliation. They have a goal of finding foster homes and adoptions; they currently have youth that is going to be adopted at the age of 17. Their program is unique because of the high focus on education. They have a high number of youth that go on to receive a GED. To accomplish this, they also focus on building relationships with the youth that may take 6 months or more. They have a vocational program that prepares youth in obtaining a job.
Lunch	12:15 pm	Lunch
Sarah Waklee	1:00 pm	3. Reducing out of state placements Interstate Compact for the Placement of Children (ICPC) Overview High Needs Workgroup Case Review Tool Data Analysis Why are kids going out of state? ICPC: Out of state residential treatment facility placements packets are submitted to the ICPC unit to make sure that the legally required components are included in the request for out of state placement. Sarah presented data (included in PowerPoint) on various dimensions. The main aspect of the date focused on the numbers by requests—if request is made it is counted so the totals may be a little more than actual numbers who are out of state. Education placements by parents (private placements) are not

		included. Average age of out of state placements is 15 ½ to 17. Younger placements are usually for medical reasons such as. High Needs Workgroup: Tries to identify the children going out of state and to understand why they are going out of state. The goal of the workgroup is to identify: why kids can't be placed in state, the behaviors that providers will not take, and how to work with providers. The workgroup is also identifying the scope of the problem and understanding the definition of "high needs." There are currently no providers on the workgroup, but will begin conversation with providers about expanding capacity in CA to meet		
		High Needs Workgroup: Tries to identify the children going out of state and to understand why they are going out of state. The goal of the workgroup is to identify: why kids can't be placed in state, the behaviors that providers will not take, and how to work with providers. The workgroup is also identifying the scope of the problem and understanding the definition of "high needs." There are currently no providers on the workgroup, but will begin conversation with providers about expanding capacity in CA to meet		
		to understand why they are going out of state. The goal of the workgroup is to identify: why kids can't be placed in state, the behaviors that providers will not take, and how to work with providers. The workgroup is also identifying the scope of the problem and understanding the definition of "high needs." There are currently no providers on the workgroup, but will begin conversation with providers about expanding capacity in CA to meet		
		to identify: why kids can't be placed in state, the behaviors that providers will not take, and how to work with providers. The workgroup is also identifying the scope of the problem and understanding the definition of "high needs." There are currently no providers on the workgroup, but will begin conversation with providers about expanding capacity in CA to meet		
		will not take, and how to work with providers. The workgroup is also identifying the scope of the problem and understanding the definition of "high needs." There are currently no providers on the workgroup, but will begin conversation with providers about expanding capacity in CA to meet		
		identifying the scope of the problem and understanding the definition of "high needs." There are currently no providers on the workgroup, but will begin conversation with providers about expanding capacity in CA to meet		
		"high needs." There are currently no providers on the workgroup, but will begin conversation with providers about expanding capacity in CA to meet		
		begin conversation with providers about expanding capacity in CA to meet		
				ı
		the needs of these children/youth.		ı
	>	Case Review Tool: The ICPC unit will be reviewing STRTP Program		ı
		Statements to analyze availability of services to children/youth so that they		ı
		can remain in state and building a review tool to help with this analysis.		ı
	>	Learning Exchange: A Learning Exchange to review New Jersey's model		ı
		which helped that state address out of state placement issues will take place		ı
		on February 7 th (please see attached draft agenda). CDSS has invited New		ı
		Jersey to the Learning Exchange to come to discuss their program with the		ı
		High Needs Workgroup. For more information, please contact Sarah Waklee		ı
		(sarah.waklee@dss.ca.gov).		ı
Chris Burns 1:3	30 pm 4.	Expanding transition and aftercare services for probation foster youth		
	ου μιτι 4.			
Dan Gallagher		Working with the families		
Dawn Henson		Stepping down process Available Commission		ı
		Available Services		ı
		 Wrap Around Services 		ı
				ı
	-	-		
		•		
		·		
		treatment is a positive relationship with the family. He brought out		
		how important it is to understand how to create this therapeutic		
		alliance through a team based relationship with the family. CFT		
		offers a mind-set that says that if you aren't teaming with the youth		
		and family you aren't poised for success.		
				,
		 In the past Boys Republic allowed families to opt out of treatment, 		1
		but they started to see the importance of needing to find a way to		
		but they started to see the importance of needing to find a way to engage them. They work up front with the family, finding out their		
		but they started to see the importance of needing to find a way to		
	>	 Challenges Working with the Families Boys Republic: Chris Burns stressed that the most important factor of a successful treatment is a positive relationship with the family. He brought out how important it is to understand how to create this therapeutic alliance through a team based relationship with the family. CFT 		

		to identify the youth's family. When they are able to identify a family, they assess the families and the youth's strengths and needs at the same time to make sure that they are aligned. If they are able to do this, reunification is much more successful. Challenges: The audience was asked to share challenges they have with being able to deliver transition and aftercare services, some reported that: Lack of funding for after care services is a problem. STRTP staffing requirements do not promote the members of the STRTP treatment team from getting out and working with the family. Overall need to develop collaborative relationships to support the team that has worked with the family and youth in order to have effective aftercare. Challenge of out of county placements ability to maintain relationships and services when the placement is remote from the family. Counties being able to work together to administer after care services.
Stuart Oppenheim	2:25pm	 5. Next Steps Future Meetings 2017: February 15, 2017 (Wednesday) March 14, 2017 (Tuesday) - Tentative Location & Time: Location: California Department of Social Services Address: 744 P Street, Sacramento, CA 95618 Time: 9:30 am - 2:30 pm Agenda Topics: TBD Open to State/County/Stakeholders by invite only

Attachments

- 1) CCR Agenda
- 2) CCR Probation Power Point 1-10-16
- 3) Peer Learning Exchange Agenda
- 4) Orange County Wrap brochures